

Mentally Ill Offenders in the Criminal Justice System

Webinar Panelists:

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Seattle, WA

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Seattle Municipal Mental Health Court (MHC) and King County District Regional Mental Health Court (RMHC)

Hon. Michael Finkle

General Description of Seattle Municipal MHC and King County District RMHC

- Specialized problem-solving court calendars for offenders whose mental illness caused/or is related to their alleged criminal conduct.
- Hear misdemeanor cases involving approx. 900 mentally ill offenders each year.
- Court held Mon.-Fri. (Seattle) and Tues.-Fri. (King County)
- “Competency Court” component—all non-felony competency cases heard in MHC/RMHC

History of Seattle Municipal MHC and King County District RMHC

- 1997 tragic incident was impetus for reevaluating how courts and police dealt with mentally ill offenders
- Statewide Mentally Ill Offender Task Force convened
- Task Force recommends forming MHCs
 - King County District MHC opens in Feb. 1999 (2nd in the country); expands to Regional RMHC Jan. 2010
 - Seattle Municipal MHC opens in Mar. 1999 (fourth in the country)

Goals of Seattle Municipal MHC and King County District RMHC

- Protect public safety,
- Reduce the use of jail and repeated interaction with the criminal justice system for mentally ill offenders,
- Connect, or re-connect mentally ill offenders with needed mental health services,
- Improve likelihood of ongoing treatment success, access to housing, and linkages with other critical support .

Critical Elements

- Team-oriented approach with new view of traditional roles
- Early intervention
- Opt in process
- Assessment & information sharing
- Emphasis on defendant based outcomes that reduce likelihood of reoffense & reincarceration

Teams Within Seattle Municipal MHC and King County District RMHC

Consistency in assignment is key

- Regularly assigned judge
- Regularly assigned prosecutor
- Regularly assigned defense attorney
- Regularly assigned defense social worker
- Regularly assigned mental health professional (Court Liaison or Court Monitor)--court contracts for the services
- Regularly assigned probation staff with mental health training

Referrals to Seattle Municipal MHC and King County District RMHC

Can be made by:


- Judges
- Public Defenders
- Private Defense Attorneys
- Prosecutors
- Jail staff
- Police
- PR Screeners
- MHC flag in court's RMS (Seattle only)

Defendant Outcomes

- Reduced charges, reduced or deferred sentences, or case dismissals (successful diversion)
- Reduced recidivism
- Increased social services contacts during program
- Increased social services contacts after graduation
- Housing

Nathaniel Assertive Community Treatment

New York County
Alternatives to Incarceration Program



Bradley Jacobs
Deputy Director, Behavioral Health
Programs

Center for Alternative Sentencing and Employment Services

- **Mission** is to increase the understanding and use of community sanctions that are fair, affordable, and consistent with public safety
 - Youth ATI Services
 - Adult Behavioral Health ATI Services
 - Felony Programs
 - Misdemeanor Programs

Program Overview

Nathaniel Project

- Enrolled first client January 2000
- Converted to Assertive Community Treatment (ACT) team licensed by New York State Office of Mental Health June 2003

Program Overview

Who We Serve – Clinical Criteria

- Adults
- Severe and Persistent Mental Illness
- Co-occurring Substance Use Disorder
- Eligible for ACT services in NYC
 - 1 psych. hospitalization 90-days or more
 - 4 psychiatric ER visits
 - 4 psychiatric inpatient admissions

Program Overview

Who We Serve – Legal Criteria

- Convicted Felony (violent & non-violent)
- At risk of prison sentence

Federal study found no empirical evidence showing more negative outcomes when people with violent charges are diverted (Naples & Steadman, 2003)

Program Overview

Non-Specialized Court Diversion Program

- Participants monitored by Supreme Court Justices
12-24 months
- 15 judges on average monitoring cases
- Sentencing is deferred
- Sentence determined by legal history
Felony & Misdemeanor Probation (16%)
Misd. conviction 1-year conditional discharge
Felony conviction 3-year conditional discharge
Dismissal

Assertive Community Treatment

- **Evidence-Based Practice**

Combines treatment, rehabilitation, social supports in a self contained team

- **Effectiveness**

Reduces use of hospitals

Improves housing stability

- **ACT or FACT**

Goal to prevent arrest and incarceration

All participants have criminal justice histories

Program Overview

Staffing

□ Standard ACT Lines

- Program Director/Team Leader
- Psychiatrist
- Nurses RN & LPN
- Family Specialist (MSW)
- Employment Specialist (MSW)
- Substance Abuse Specialist (CASAC)
- Housing Specialist Social Worker
- Peer Specialist

□ Added Staff Lines

- Housing Specialist
- Housing Peer Specialist
- Supported Employment Coordinator
- Intake Specialist
- Court Liaison Specialist

□ Integrated Housing Program Case Manager

ACT Program Services

Multidisciplinary Team Approach

- 68 participants
- No caseloads
- Participants have contact with **all** staff
- In vivo community treatment
- Available 24 hours/day, 7 days/week
- Engaging and retaining participants high priority
- No drop policy
- Low participant to staff ratio
- Increase and decrease frequency treatment based on daily review of participant's status

ACT Program Services

Transdisciplinary Team Approach

- Medication Support
- Service Planning & Coordination
- Integrated Treatment for Substance Abuse
- Housing Services
- Health
- Money Management & Entitlements
- Daily Activities
- Wellness Self-Management & Relapse Prevention
- School & Training Opportunities
- Work Opportunities
- Family Life and Social Relationships
- Empowerment & Self Help

ATI Core Services

- Screening, Advocacy and Intake
- Criminal Justice Liaison
- Community Supervision
- Risk Assessment - Dangerousness and Suicidality
- Risk Assessment - Criminal Recidivism
- Cognitive Behavioral Interventions
- Integrated Dual Disorder Treatment
- Supported Employment Services

Nathaniel Supported Housing Program

- Supported Housing (scattered-site apartments)

Finding Target Population

- Intake Specialist coordinates program admissions
- 28 percent of defendants screened are admitted to program (2010)
- 95 percent of defendants are in jail when screened for program admission
- In 2010 - 30 percent found incompetent to stand trial after arrest

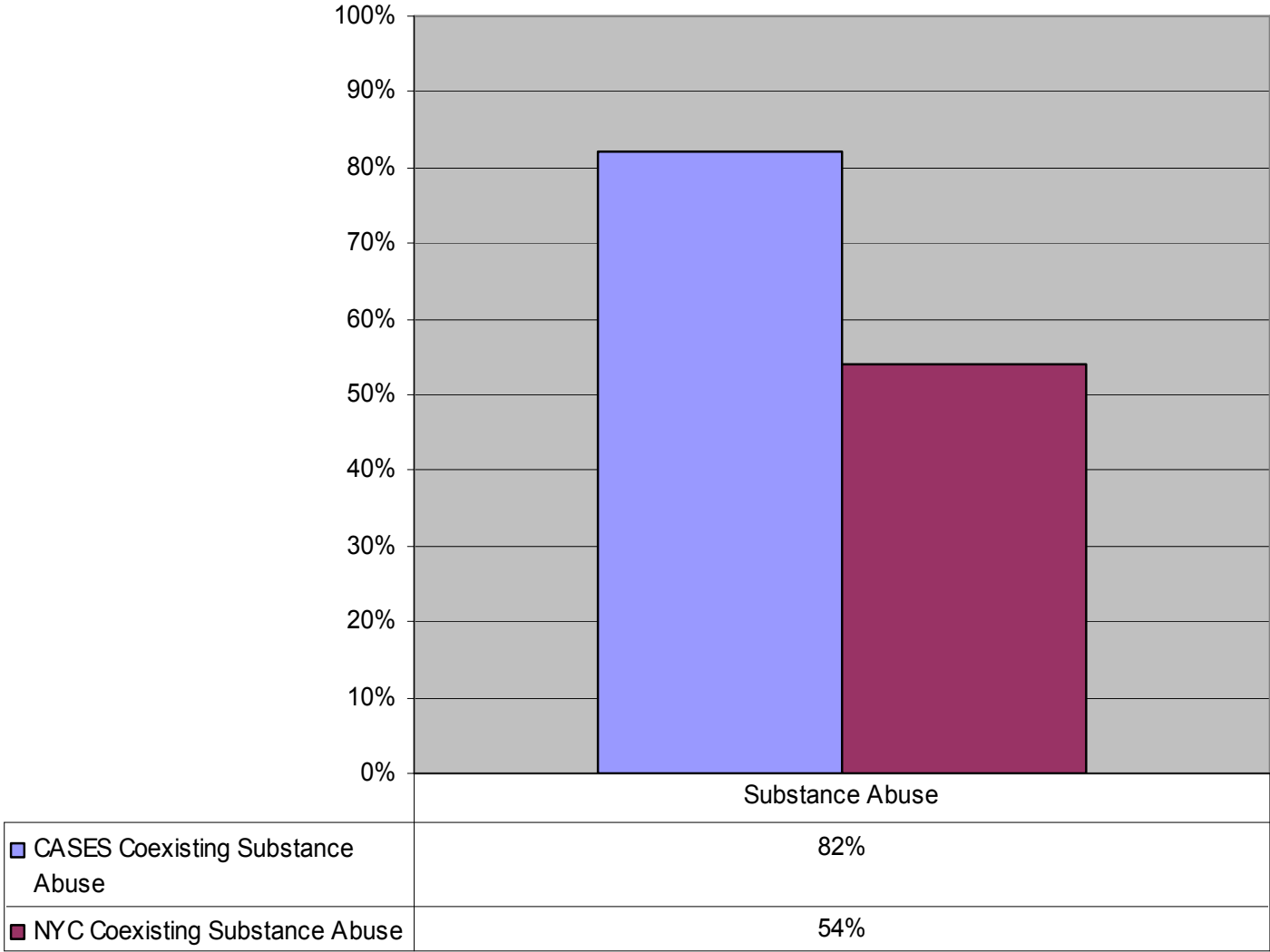
Finding Target Population (2010)

Referral Source	N=206 Referrals	N=58 Admissions
Defense	59%	64%
Prosecutor	19%	14%
Kirby Forensic	15%	13%
Mental Health	7%	9%

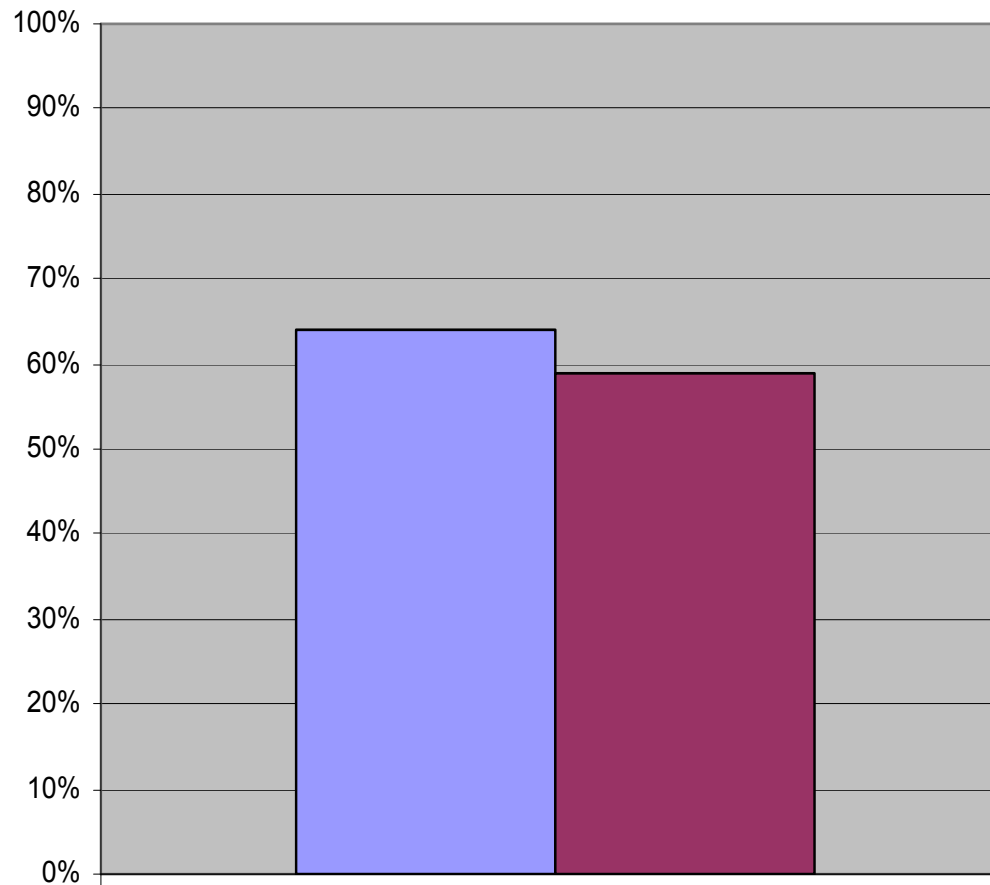
Consumer Characteristics

▪ Average Age	43
▪ Male	84%
▪ African American	60%
▪ Latino	23%
▪ Caucasian	13%
▪ Schizophrenia	79%
▪ Bipolar Disorder	16%
▪ Substance use disorder	84%
▪ Medical problem	53%
▪ Homeless	63%
▪ AOT	19%

Substance Abuse



High Use of Psychiatric Hospitalizations



■ CASES High use of PSYC Hospitals

64%

■ NYC High use of PSYC Hospitals

59%

Legal Characteristics

Top 10 Convictions

Assault 2nd Degree

Criminal Sale Of A Controlled Substance 3rd Degree

Robbery 2nd Degree

Robbery 3rd Degree

Burglary 3rd Degree

Grand Larceny 4th Degree

Burglary 2nd Degree

Criminal Contempt 1st Degree

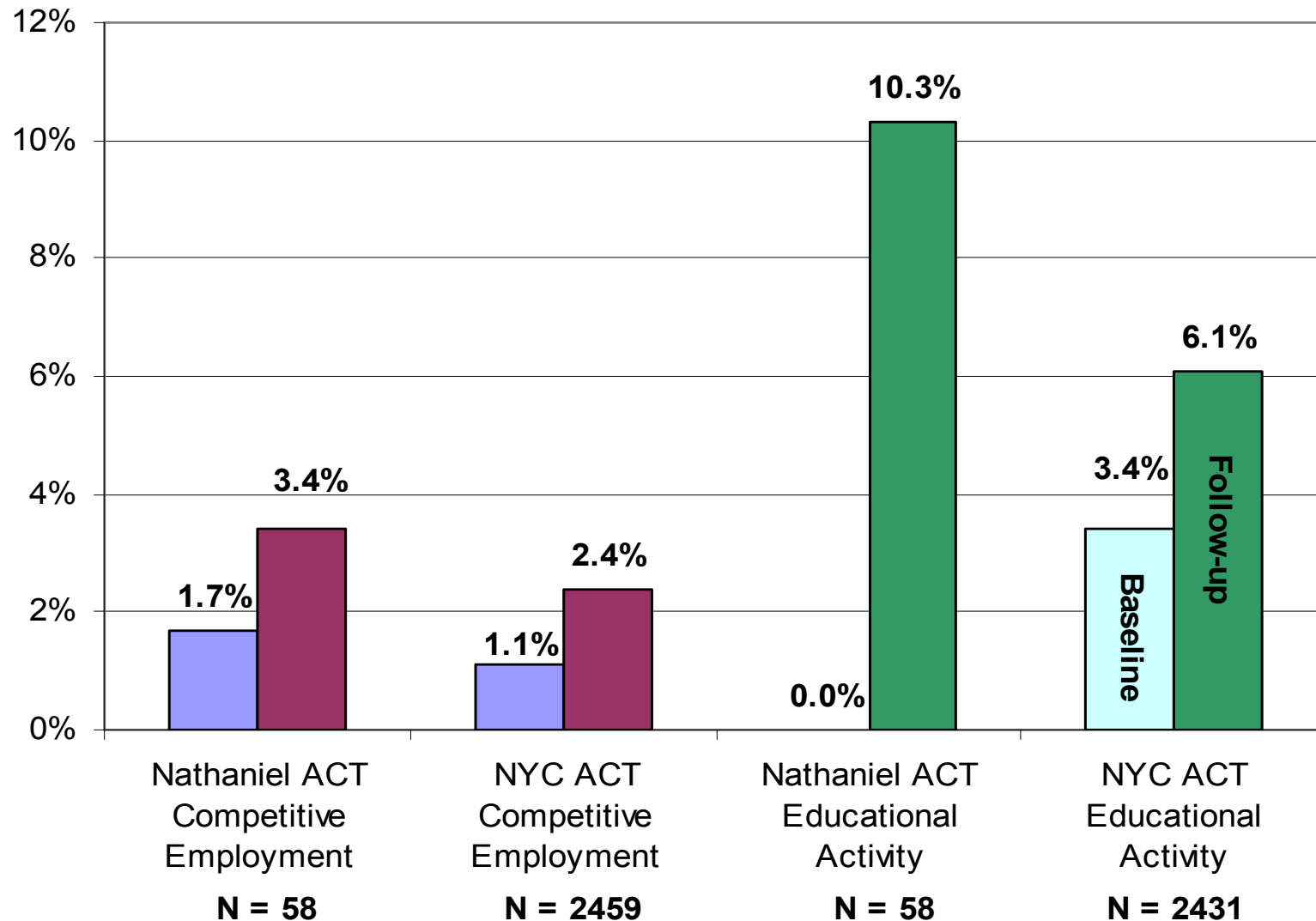
Criminal Possession Of A Weapon 3rd Degree

Criminal Possession Of A Controlled Substance 3rd Degree

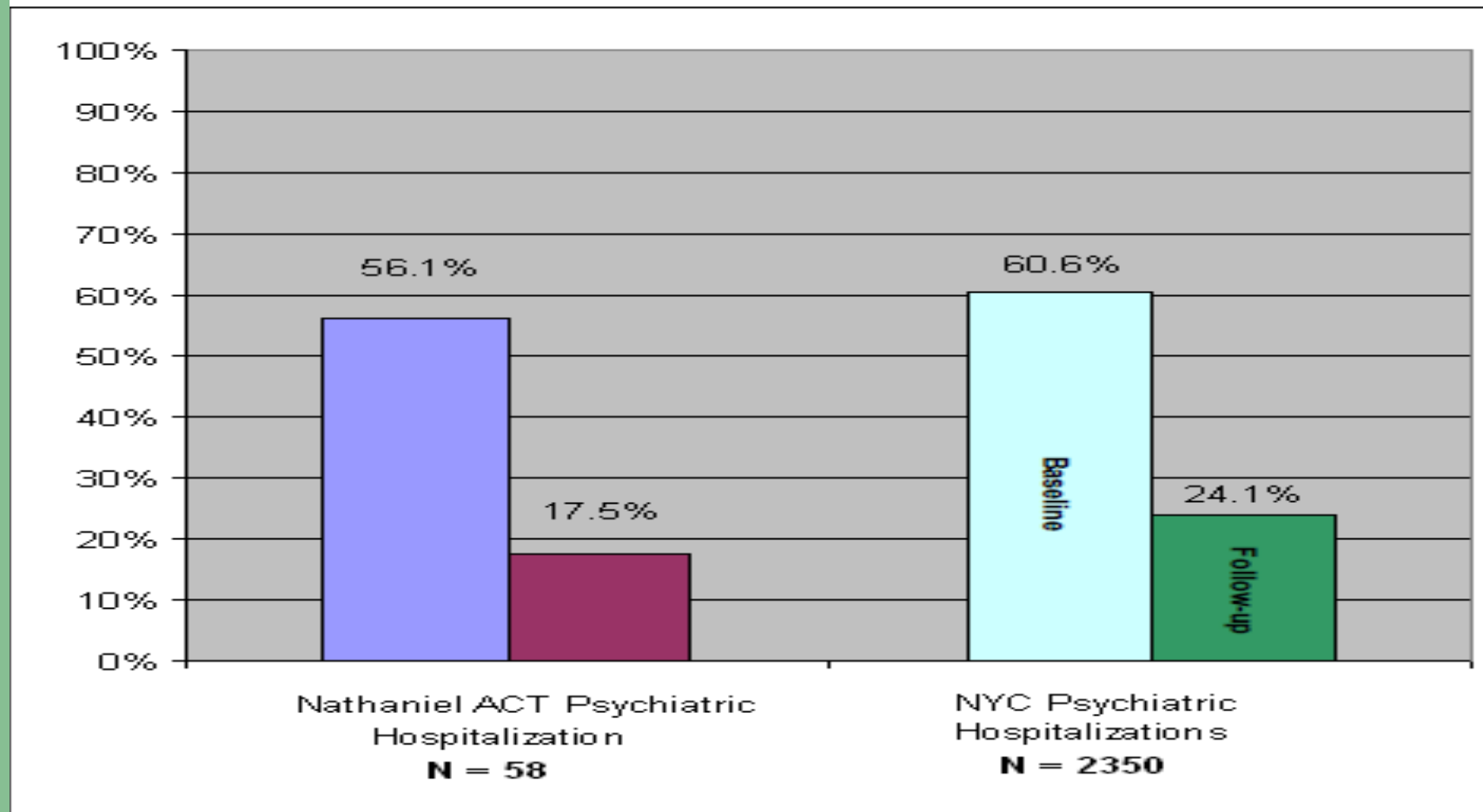
Case Study

- 47 year old White male
- Arrested June 2007- Falsely reporting bomb to ABC news anchor
- Admitted to forensic hospital Dec 2007
- Screened at forensic hospital June 2008
- Two days in jail after restoration of competency admitted to ACT team August 2008
- No hospital admissions or arrests since ACT enrollment
- Lives in Apartment Treatment Program
- Case dismissed in August 2011

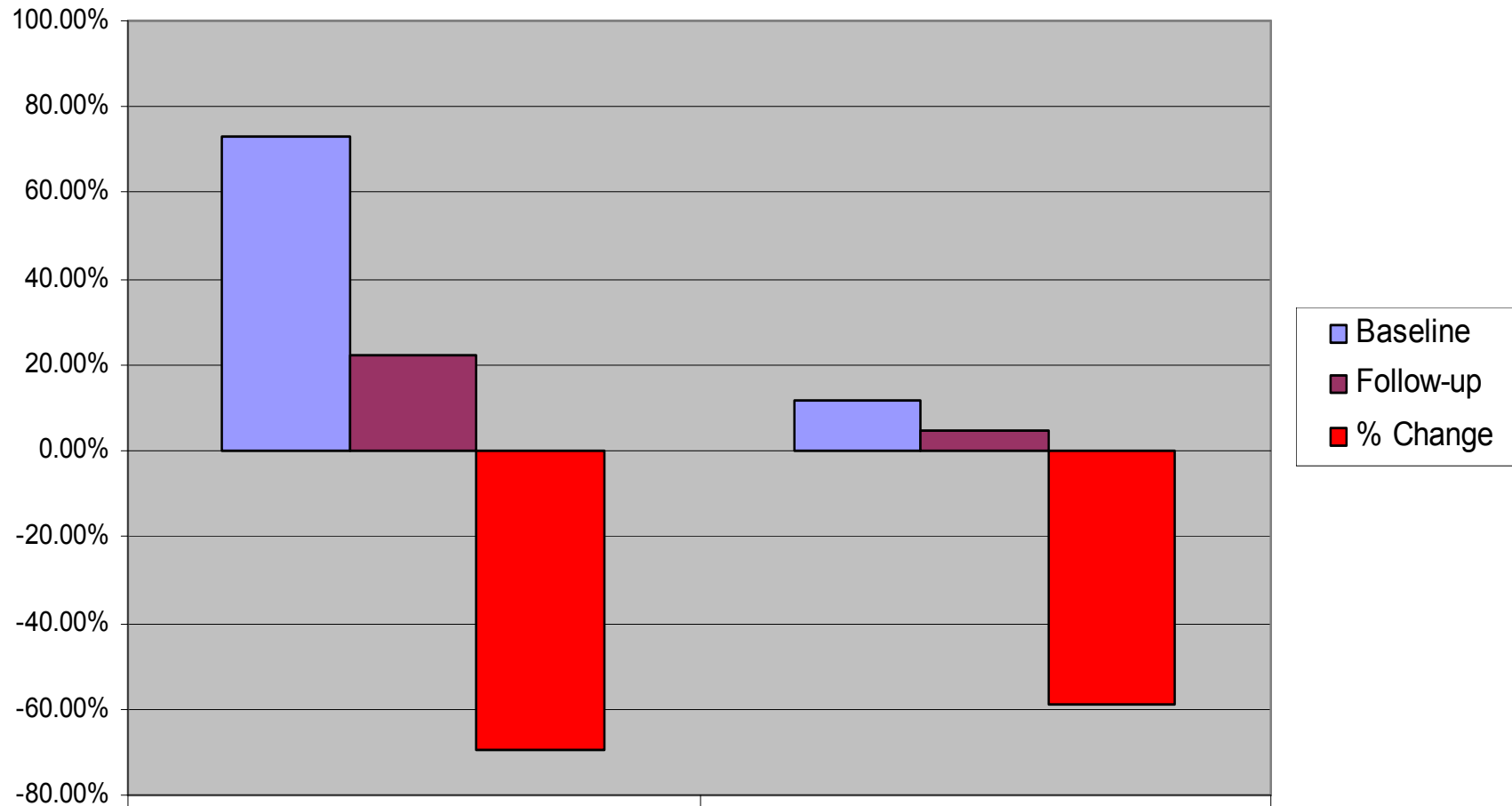
Outcomes – Employment & Education Activity



Outcomes – Psychiatric Hospitalization



Change in Homelessness



	CASES Homelessness	NYC Homelessness
Baseline	73.30%	11.70%
Follow -up	22.20%	4.80%
% Change	-69.71%	-58.70%

Public Safety - Recidivism

- 158 participants – 64% decrease in arrests 2 years post admission (compared to 2 years pre-admission)
- Probation Sentence – 64% decrease
- CD, Time served, Dismissal – 63%

Public Safety - Recidivism

124 participants

- 56 violent felony admissions
- 1 post violent arrest (no conviction)
- 66 non-violent felony admissions
- 0 post violent arrests
- 2 misdemeanor admissions
- 0 arrests

Recidivism – Criminal History

Percent Decrease from Baseline Arrest Rate

Baseline Arrests	% Decrease
1	95%
2 – 9	80%
10 – 19	50%
20 – 29	67%
30+	55%

Completion of Nathaniel ACT

- 58% successfully complete ATI (2011)
- 22% sentenced prison; 9% jail
- 3% deceased
- 6% transferred to alternative treatment

Completion and Discharge

- Average length of stay is 2 years 8 months for program graduates
- Participants receive services with team after they complete legal case, discharge is based on clinical factors
- Majority transferred to clinic services and stepped down to ICM.



Partners

Participant

Defense Attorney

Prosecutor

Judge

Victim

Kirby Forensic Psychiatric Center

Assisted Outpatient Treatment

Family and significant others

Who Pays for Services

- **Blended MH & CJ Funding**
ACT

Medicaid

NYC Department of Health & Mental Hygiene

Forensic in ACT

Mayor's Office of Criminal Justice Coordinator

NYC Council

NYS Division of Probation & Correctional Alternatives

NYS Division of Criminal Justice Services

Frank E. Clark Charitable Trust

Licensing & Contract Partners

- **Oversight of Program Services**

New York State Office of Mental Health

NYC Department of Health & Mental Hygiene

Mayor's Office of Criminal Justice Coordinator

NYS Office of Probation & Correctional Alternatives

NYS Division of Criminal Justice Services

Challenges

- Staffing resources needed to find appropriate participants and provide services
- Improve MH and CJ systems collaboration and understanding
- Resources to integrate CBT into treatment delivery
- Access to appropriate supportive housing
- Employment opportunities for participants
- Blended funding
- Addressing dual agency role of clinicians

Future

- Better understanding of non-completions
- Enhance interventions that address criminogenic risk
- Enhance services around substance abuse, employment, education, housing, social supports and maladaptive thinking (CBT)
- Impact of ACA/Health Care Reform on Mental Health Treatment for those in the Criminal Justice System

Nathaniel Assertive Community Treatment

New York County Alternatives to Incarceration Program

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Thank you for attending
today's webinar

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